

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		8/13/01
O.I.P.E. CLASSIFIER		21	8/13/01
FORMALITY REVIEW	TH	953	08-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	7-9-01
2	✓	✓	2-28-01
3	✓	=	
4	✓	=	
5	✓	=	
6	✓	=	
7	✓	=	
8	✓	=	
9	✓	=	
10	✓	=	
11	✓	=	
12	✓	=	
13	✓	✓	
14	✓	✓	
15	✓	=	
16	✓	=	
17	✓	✓	
18	✓	✓	
19	✓	=	
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31	✓	✓	
32	✓	✓	
33	✓	=	
34	✓	=	
35	✓	=	
36	✓	=	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	M	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	=	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

1027
09/17/01